

City of Detroit Parking Violations Bureau
FLEET /LEASE COMPANY APPLICATION FORM

Please complete all information and submit to:

Parking Violations Bureau

Attn: Fleet Coordinator

P.O. Box 2549

Detroit, Michigan 48231-2549

(Please type or print legibly)

Company Name	
Address	
City, State & Zip Code	
Company Phone Number	
Contact Name & Position	
Contact Phone Number	
Please list all names used to register vehicles for this company (exact spelling is necessary)	
Number of registered vehicles to enroll in Fleet Program	
Authorized by (Print Name and Title)	
Signature & Date	

See opposite side for terms and conditions

-----FOR PVB USE ONLY-----

Date Received: _____

Past Due Parking Debts _____

Approved By: _____ Date: _____

Fleet Code Assigned: _____

Date Confirmation Letter Sent: _____